

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032802

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 307

STATE FILE NUMBER

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) MT VERNON		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) MO. STATE SANATORIUM		d. STREET ADDRESS (If outside, give location) GEN DELIVERY	

3. NAME OF DECEASED (Type or print) DONALD EVERETT WOODY			4. DATE OF DEATH Month Sept. Day 4 Year 63		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-6-04	9. AGE (last birthday) 59	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during month preceding death, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
SANITATOR		SCHOOL		MISSOURI	
13a. FATHER'S NAME WM. WOODY		13b. MOTHER'S MAIDEN NAME CORA HAMILTON		14. NAME OF HUSBAND OR WIFE FLOY WOODY	

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or known) (If yes, give war or dates)	17. INFORMANT Address 7344 MO. STATE SANATORIUM, MT VERNON
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic CARCINOMA. (Rt) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 13 months
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MT VERNON, MO	20g. COUNTY JEFFERSON	20h. STATE MO
21. I attended the deceased from 7-25-63 to 9-4-63 and last saw him alive on 9-3-63 Death occurred at 2 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS MT VERNON, MO	22c. DATE SIGNED 9/4/63
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-7-63	23c. NAME OF CEMETERY OR CREMATORY Hamel Cemetery	23d. LOCATION (City, town, or county) Festus - Mo.
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24. FUNERAL DIRECTOR Polite Funeral Home - Festus Mo	25. DATE RECD. BY LOCAL REG. 9-5-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0550
2 0506
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9 162.1
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12 93-0
13 5-0

DEC 12 1963

OCT 10 1963

SEP 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed May L. Garrett

Licensed Embalmer No. 4252

P. O. Address Wilmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.